

Bosker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088936	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/				51
2		/	/				52
3	3		/				53
4	0		/				54
5	0		/				55
6	8		/				56
7	2		/				57
8	0		/				58
9	/	/					59
10			/				60
11			/				61
12			/				62
13							63
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2		2				
TOTAL DEP.	9	↓	10	↓			
TOTAL CLAIMS	11		12				